

Research Article

## FOSTERING RESILIENCE IN THE CONTEXT OF A PANDEMIC: A COMMUNITY-BASED EXPLORATION OF THE PSYCHOSOCIAL DIMENSIONS OF DEPRIVATION IN SAKUBVA, MUTARE DISTRICT, ZIMBABWE.

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*The COVID-19 pandemic exacerbated pre-existing socio-economic and psychosocial vulnerabilities in many marginalised urban communities across the Global South. This study explored the psychosocial dimensions of deprivation and community resilience during the COVID-19 pandemic in Sakubva, a high-density suburb in Mutare District, Zimbabwe. Guided by the deprivation trap framework and resilience theory, the study adopted a community-based qualitative research design. Data were generated through focus group discussions with 30 community members, semi-structured interviews with 13 community residents, and key informant interviews with 7 local stakeholders. Thematic analysis was employed to analyse the data. Findings revealed that the pandemic intensified interconnected forms of deprivation, including psychological distress, economic insecurity, social exclusion, and reduced access to basic services. Despite these challenges, community members demonstrated resilience through social networks, informal coping strategies, and collective problem-solving. However, structural constraints and unequal access to support limited the effectiveness and inclusivity of resilience-building initiatives. The study highlights the importance of contextually grounded, community-driven psychosocial interventions that address both structural deprivation and local resilience capacities. The findings contribute to community psychology by illustrating how resilience processes operate within conditions of chronic deprivation during public health crises.*

*Keywords: COVID-19, deprivation trap, community resilience, psychosocial wellbeing, urban poverty, Zimbabwe.*

### 1. Introduction and Theoretical Framework

The COVID-19 pandemic is treated in this study not as a discrete crisis in isolation but as an analytical occasion that reveals and intensifies longstanding structural inequalities shaping everyday life in marginalised urban settings. Rather than constituting the primary object of

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inquiry, the pandemic serves as a lens through which chronic conditions of deprivation and resilience rooted in historical, economic, and political processes become more visible. In this sense, COVID-19 is understood as a shock that both exposes and amplifies vulnerabilities that precede, accompany, and are likely to outlast the acute public health emergency.

The COVID-19 pandemic exposed and intensified existing social, economic, and psychosocial inequalities globally, with particularly profound consequences for marginalised urban communities in low- and middle-income countries (World Health Organization [WHO], 2020; United Nations, 2021). In Zimbabwe, pandemic containment measures such as lockdowns, restrictions on informal trading, and reduced mobility disproportionately affected residents of high-density urban settlements who depend on precarious livelihoods and limited social protection (Chigudu, 2020; Moyo & Ncube, 2021). These measures did not create vulnerability but rather intensified existing structural constraints, increasing deprivation and placing significant strain on psychosocial well-being.

Sakubva, one of the oldest high-density suburbs in Mutare District, has historically been characterised by chronic poverty, overcrowding, unemployment, informal housing, and inadequate access to basic services (Potts, 2008; Chirisa, 2014). Prior to the COVID-19 pandemic, residents of Sakubva were already experiencing persistent socio-economic hardship, food insecurity, and psychosocial stressors associated with urban marginalisation (Tawodzera, 2019; Matamanda et al., 2020). The emergence of COVID-19 exacerbated these vulnerabilities by disrupting income-generating activities, weakening social support systems, and limiting access to health and psychosocial services, thereby deepening both material and psychological forms of deprivation. At the same time, community members mobilised adaptive strategies rooted in local networks and collective practices, highlighting the coexistence of vulnerability and resilience within structurally constrained environments.

Existing literature documents the adverse mental health and psychosocial impacts of pandemics and large-scale crises, including increased anxiety, stress, depression, and social isolation (Brooks et al., 2020; Pfefferbaum & North, 2020). However, much of this scholarship is derived from high-income contexts and often fails to capture the lived experiences of residents in marginalised African urban communities. Furthermore, deprivation and resilience are frequently examined as separate constructs, despite evidence that resilience processes are shaped by and operate within conditions of structural deprivation (Theron, 2016; Ungar, 2018). This study addresses this gap by integrating the deprivation trap framework with resilience theory to explore the psychosocial dimensions of deprivation and resilience during the COVID-19 pandemic in Sakubva. In conceptualising the pandemic as a contextual amplifier rather than a self-contained crisis, the study generates insights that remain relevant beyond the immediate emergency.

### **1.1 *The Deprivation Trap Framework***

The deprivation trap framework, originally advanced by Chambers (1983, 1995), conceptualises poverty as a self-reinforcing system comprising interconnected dimensions such as material poverty, physical weakness, vulnerability, isolation, and powerlessness. Chambers argues that these dimensions interact dynamically, creating cycles of deprivation that are difficult to escape without structural intervention. Subsequent scholars have applied and extended the

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deprivation trap concept to urban and Global South contexts, emphasising its relevance for understanding chronic poverty, exclusion, and vulnerability (Ellis, 2012; Tawodzera, 2014; Chirisa et al., 2017).

In Zimbabwean urban settings, deprivation traps are sustained by informality, limited employment opportunities, fragile service delivery systems, and historical patterns of spatial and economic marginalisation (Potts, 2008; Chirisa, 2014). These conditions have been shown to produce not only material hardship but also significant psychosocial consequences, including chronic stress, reduced sense of agency, and feelings of hopelessness (Matamanda et al., 2020; Munyati & Muchaparara, 2022). During crises such as the COVID-19 pandemic, deprivation traps become more pronounced as shocks interact with pre-existing vulnerabilities, heightening psychological distress and social exclusion.

In this study, the deprivation trap framework provides an analytical lens for understanding how economic insecurity, social marginalisation, and psychological distress intersected during the pandemic, shaping participants' lived experiences and constraining their capacity to respond to adversity.

## **1.2 Resilience Theory**

Resilience theory focuses on the processes through which individuals and communities withstand, adapt to, and recover from adversity. Early conceptualisations of resilience emphasised individual traits and coping capacities; however, contemporary scholarship has increasingly adopted ecological and systemic perspectives that foreground social, cultural, and structural influences on resilience (Bronfenbrenner, 1979; Ungar, 2011, 2018). Within community psychology, resilience is understood as a collective and relational process embedded in social networks, community resources, and enabling environments (Kagan et al., 2011; Theron, 2016).

In African contexts, resilience has been linked to communal values, social solidarity, informal support systems, and culturally embedded coping strategies (Theron & Donald, 2013; Masten, 2014; Theron et al., 2021). Studies conducted during the COVID-19 pandemic demonstrate that community resilience played a critical role in buffering psychosocial distress, particularly where formal welfare and mental health systems were limited (Choudhury et al., 2023; Kinyua et al., 2020; Monteiro, 2015). At the same time, scholars caution against uncritical celebrations of resilience, noting that adaptive strategies may coexist with ongoing suffering and may mask structural inequalities if not examined critically (Bottrell, 2019).

## **1.3 Integrating Deprivation Trap and Resilience Perspectives**

Integrating the deprivation trap framework with resilience theory enables a more comprehensive understanding of psychosocial wellbeing in contexts of chronic adversity. While the deprivation trap framework foregrounds the structural and cyclical nature of poverty and exclusion, resilience theory illuminates the adaptive, relational, and collective processes through which individuals and communities navigate such conditions. This integration responds to calls within community psychology to examine both structural constraints and local agency when analysing wellbeing in marginalised settings (Prilleltensky, 2012; Kagan et al., 2019).

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In this study, the integrated framework guided the formulation of the research questions, informed the thematic analysis, and shaped the interpretation of findings. Specifically, the analysis examined how different dimensions of deprivation intensified psychosocial distress during the pandemic, while also identifying the social and collective processes through which community members in Sakubva mobilised resilience. This approach allows for a balanced analysis that avoids both structural determinism and romanticised notions of resilience, thereby contributing nuanced insights to community psychology scholarship.

## 2. Literature

### 2.1 *Understanding the Hallmarks of the Deprivation Trap*

The deprivation trap, as articulated by Chambers (2006), delineates a condition of acute scarcity in which individuals and communities are deprived of fundamental necessities essential for wellbeing. This construct is characterised by a multifaceted and interrelated set of conditions, including poverty, powerlessness, physical weakness, vulnerability, and social isolation (Chambers, 2014). These elements do not operate in isolation; rather, they reinforce one another in cyclical ways that entrench individuals and communities in persistent deprivation as illustrated below:

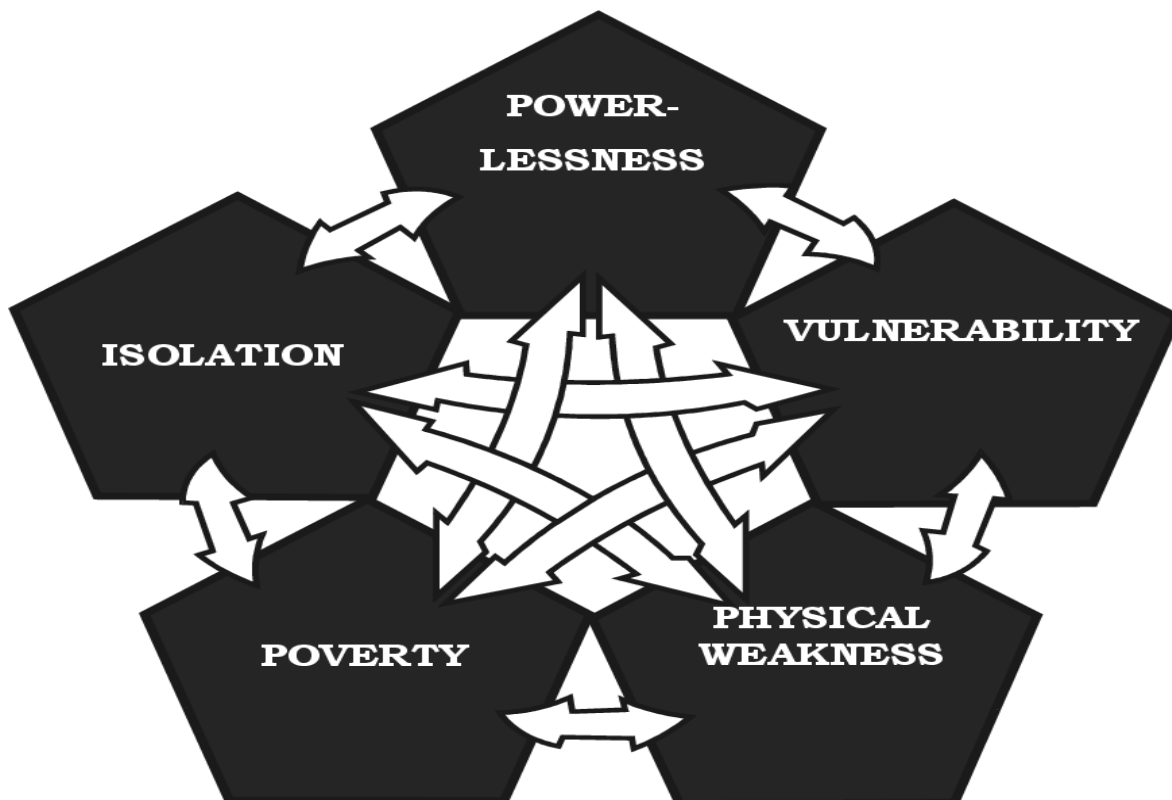


Figure 1. The Deprivation Trap (Source: Chambers (1983:112))

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Raesi (2020) expands this conceptualisation by describing the deprivation trap as a constellation of interdependent deficiencies that perpetuate limitation, scarcity, and constrained life chances. Poverty is a central component of this trap and is widely recognised as a complex, context-dependent phenomenon shaped by social, political, and economic forces (Chambers, 2006). From a human development perspective, poverty signifies the absence of essential resources required for survival, dignity, and participation in society, making it a critical determinant of both individual and collective wellbeing (Chambers, 2014). Shandu (2023) similarly observes that individuals trapped in poverty often lack the opportunity to pursue meaningful, innovative, and fulfilling lives due to the persistent struggle to meet basic needs.

Powerlessness represents another defining feature of the deprivation trap, reflecting limited agency, autonomy, and decision-making capacity. Individuals experiencing powerlessness are often vulnerable to exploitation and exclusion from processes that shape their lives (Dymitrow et al., 2020). This condition may give rise to what Heywood (2001) describes as a culture of fearful silence, where individuals refrain from voicing their needs or grievances due to fear of losing already scarce resources.

Social isolation further compounds deprivation by restricting access to vital services such as healthcare, education, and economic opportunities. Isolation may manifest spatially, socially, or institutionally, limiting individuals' capacity to mobilise support networks and resources (Raesi, 2020). Physical weakness, often resulting from poor living conditions, inadequate nutrition, and limited access to healthcare, exacerbates vulnerability and reduces the ability to cope with external shocks (Raesi, 2020).

Vulnerability is a pervasive characteristic of the deprivation trap, exposing individuals particularly women and children to exploitation, intimidation, and violence (UN Women, 2020). During crises such as the COVID-19 pandemic, these vulnerabilities are intensified. UN Women (2020) reports alarming increases in gender-based violence, domestic abuse, and child marriages during pandemic-related lockdowns, highlighting the deeply gendered dimensions of deprivation (Vitali et al., 2022).

Collectively, this body of literature highlights the interconnected and reinforcing nature of the deprivation trap and highlights the importance of addressing not only material deprivation but also its psychosocial dimensions when designing interventions aimed at strengthening community resilience.

## **2.2 Factors Contributing to the Perpetuation of the Deprivation Trap**

A range of structural, institutional, and socio-economic factors contributes to the persistence of the deprivation trap. These include limited access to credit and financial markets, systemic corruption, inadequate educational systems, insufficient public healthcare, deteriorating infrastructure, and exposure to external shocks such as pandemics (Chen & Pan, 2019). Macroeconomic conditions including high unemployment rates, income inequality, and stagnant economic growth further entrench poverty, particularly in chronically underdeveloped contexts where opportunities for economic mobility are severely constrained.

Transient shocks such as pandemics, natural disasters, and climate-related events often exacerbate existing vulnerabilities. Once individuals and households become entrenched in poverty, they face significant barriers to escape, including restricted access to education, limited

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economic opportunities, and inadequate resources to initiate or sustain livelihood activities (Bertrand et al., 2004). These constraints reinforce cyclical patterns of deprivation that persist across the life course.

Understanding poverty therefore requires recognising its systemic and institutionalised nature, as well as its emotional and psychosocial dimensions rooted in historical and socio-cultural contexts (Bertrand et al., 2004). Generational poverty is particularly persistent, shaped by a complex interplay of structural, familial, and individual factors that influence vulnerability to economic hardship over time (Bird, 2017). Parental poverty has been identified as a critical determinant of children's access to education, healthcare, and adequate nutrition, thereby reinforcing intergenerational cycles of deprivation (Raupp, 2017).

Children raised in impoverished environments are especially vulnerable, often experiencing abuse, neglect, chronic stress, and prolonged exposure to survival-related pressures (Raupp, 2017). While being born into poverty significantly increases the likelihood of remaining poor in adulthood, Shepherd et al. (2015) note that multiple interacting factors: social, economic, and institutional shape life trajectories and overall wellbeing.

This literature highlights the importance of analysing poverty not only as an economic condition but also as a psychosocial process that constrains agency, wellbeing, and resilience, particularly in communities experiencing prolonged deprivation.

### **2.3    *The COVID-19 Pandemic: Amplifying the Deprivation Trap***

This section does not seek to provide a comprehensive account of the COVID-19 pandemic as a global health crisis. Rather, it situates the pandemic as a structural context that exposed and intensified pre-existing conditions of deprivation shaping everyday life in marginalised communities. In foregrounding COVID-19 as an external shock interacting with longstanding socio-economic inequalities, the discussion highlights how the pandemic amplified vulnerabilities that precede, accompany, and are likely to outlast the acute emergency (Barnwell et al., 2020). In this sense, the pandemic is treated as an analytical lens through which the dynamics of the deprivation trap become more visible, rather than as an autonomous phenomenon in its own right.

The COVID-19 pandemic has had profound social, economic, and psychosocial impacts globally, with particularly severe consequences for individuals and communities already living within the deprivation trap. Measures such as school closures, lockdowns, and restrictions on movement and economic activity exposed the collective vulnerability of populations to external shocks beyond individual control (Gukurume & Oasteron, 2020).

Low-income populations were disproportionately affected, exacerbating existing global and local inequalities (Wilson, 2020). Individuals employed in low-wage or informal sectors often without financial buffers or adequate healthcare, faced heightened risks of infection and severe health outcomes. Empirical evidence indicates that COVID-19 mortality rates were significantly higher in socio-economically disadvantaged areas compared to wealthier communities (Wilward et al., 2020). These disparities reflect underlying structural inequities rather than pandemic-specific vulnerabilities alone.

The challenges faced by impoverished populations during the pandemic were intensified by overcrowded living conditions, limited access to clean water and sanitation, and inadequate

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healthcare services (Sanchez-Paramo, 2021). Lockdowns and social distancing measures also severely disrupted the informal economy, which employs a substantial proportion of low-income workers, thereby undermining livelihoods and food security (Mackworth-Young et al., 2020). For many households, the pandemic therefore deepened already precarious living conditions rather than introducing entirely new forms of hardship.

The intersection of poverty and the pandemic created a vicious cycle of vulnerability, as marginalised communities faced structural barriers to adhering to public health measures. Limited access to clean water, sanitation, and healthcare increased susceptibility to infection (Cockerham, 2019), while the prevalence of pre-existing health conditions further elevated risks of morbidity and mortality (Bryce et al., 2020). These constraints illustrate how structural deprivation limits the capacity of communities to respond effectively to crises.

The long-term consequences of the pandemic are likely to be particularly severe for children in impoverished communities. Prolonged school closures, disruptions to early childhood development programmes, and interruptions to health and nutrition services threaten human capital development and future earning potential (Paramo-Sanchez, 2020). Such impacts underscore the intergenerational nature of the deprivation trap and highlight how crisis events can reinforce existing patterns of disadvantage. These dynamics highlights the urgency of addressing the complex and interrelated factors that sustain the deprivation trap in the context of global crises.

Through situating the pandemic within these broader structural dynamics, this study foregrounds COVID-19 as a contextual amplifier of deprivation rather than as a self-contained phenomenon. This perspective enables a more enduring analysis of vulnerability and resilience that remains relevant beyond the immediate crisis.

### **3. Methodology**

#### **3.1 Research Design**

This study adopted a community-based qualitative research design to explore the psychosocial dimensions of deprivation and resilience among residents of Sakubva during the COVID-19 pandemic. A qualitative approach was deemed appropriate to capture participants' lived experiences, meanings, and perceptions within their social and structural context (Creswell, 2009; Kagan et al., 2008). While the study engaged community members and local stakeholders throughout the research process, it does not claim to constitute full participatory action research. Instead, it aligns with community-based research principles emphasizing contextual sensitivity, community engagement, and ethical responsiveness (Israel et al., 2010; Minkler & Wallerstein, 2015; Cleland, 2017).

The design was guided by an integrated deprivation trap and resilience framework, which informed the development of research questions, data collection tools, and analytical focus (Chambers, 2006; Raesi, 2020). This framework enabled the study to examine how structural conditions of deprivation intersected with psychosocial resilience during the pandemic.

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### 3.2 Study Setting

The study was conducted in Sakubva, a high-density suburb in Mutare District, eastern Zimbabwe. Sakubva is characterized by high levels of poverty, unemployment, informal economic activity, overcrowded housing, and limited access to basic services. These conditions rendered the community particularly vulnerable to the socio-economic and psychosocial effects of COVID-19 containment measures, providing a relevant context for examining deprivation and resilience.

### 3.3 Participants and Sampling

Participants were selected using purposive sampling to include individuals with direct experience of living in Sakubva during the pandemic and those involved in community-level responses (Creswell, 2009). The sample comprised 50 participants:

- a. 30 community members for focus group discussions (FGDs)
- b. 13 community members for individual semi-structured interviews
- c. 7 key informants from local leadership, health, and community-based organizations

Eligibility criteria for community participants included being  $\geq 18$  years old, residing in Sakubva during the pandemic, and willingness to share experiences of deprivation and coping. Key informants were selected based on their professional or leadership roles in community support initiatives. This strategy captured diverse perspectives while prioritising depth over representativeness (Creswell, 2009; Kagan et al., 2008).

**Table 1. Participant Composition**

Data Collection Method	Participant Type	Number of Participants
Focus Group Discussions	Community members	30
Semi-structured Interviews	Community members	13
Semi-structured Interviews	Key informants	7

### 3.4 Data Collection Procedures and Instruments

Data were collected using FGDs and semi-structured interviews between February, 2022 and April, 2022, in accordance with COVID-19 public health guidelines.

**Focus Group Discussions (FGDs):** Conducted to facilitate collective reflection on experiences of deprivation, coping strategies, and community responses. FGDs were guided by broad open-ended questions exploring the characteristics of deprivation, community needs, challenges posed by COVID-19, and strategies to mitigate the deprivation trap. Sessions lasted approximately 45 minutes, grouped by age to ensure homogeneity, and all agreed-upon responses were documented (Harrell & Bradley, 2009). The focus group discussions were conducted primarily in Shona, the dominant local language in the community.

**Semi-structured Interviews:** Conducted with 13 community members and 7 key informants, lasting between 30 to 35 minutes. Interviews explored organizational interventions, community initiatives, and participants' perceptions of coping and resilience (Harrell & Bradley, 2009). As with FGDs, interviews were conducted in Shona to allow participants to express themselves freely and authentically.

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### **Data Recording, Translation and Accuracy:**

All sessions were audio-recorded with participants' consent and transcribed verbatim in the original language (Shona). A professional bilingual language translator was engaged to translate the transcripts into English for analysis and reporting. The translation process followed systematic procedures to preserve meaning, including careful attention to culturally specific expressions and idioms. To enhance accuracy, translated transcripts were reviewed by bilingual members of the research team, and discrepancies were resolved through discussion.

Quotations presented in the manuscript are therefore English translations of participants' original speech. Member checking was also employed, whereby selected participants were invited to confirm the accuracy and credibility of the recorded accounts (Collins et al., 2008). Data collection continued until thematic saturation was reached, meaning that no new codes or themes emerged.

### **3.5 Data Analysis**

Data were analysed using inductive thematic analysis (Braun & Clarke, 2015; Clarke & Braun, 2015). Analysis involved a six-phase process:

1. Data Familiarization: Repeated reading of transcripts to appreciate nuances and meanings. Notes captured initial impressions (Braun & Clarke, 2015).
2. Data Coding: 145 initial codes were generated inductively, capturing descriptive and interpretive insights. ATLAS.ti software was used to organize and manage coding (Braun & Clarke, 2015).
3. Searching for Themes: Similar codes were clustered into 18 preliminary themes. Disagreements were resolved through team discussions.
4. Reviewing Themes: Themes were examined against coded data and the entire dataset to ensure robustness.
5. Defining and Naming Themes: Each theme was defined clearly with representative data excerpts.
6. Reporting: Themes were synthesized with literature to generate a coherent narrative addressing the research questions (Clarke & Braun, 2015).

Triangulation: FGDs, interviews with community members, and key informant interviews were compared to confirm consistency, enhancing the credibility of findings (Chambers, 2006; Raesi, 2020).

### **3.6 Data Saturation**

Thematic saturation was reached when additional data collection did not yield new themes. Saturation was assessed through ongoing comparison of emerging patterns across FGDs and interviews. The consistency of findings across participant groups provided confidence that the data adequately captured the psychosocial dimensions of deprivation and resilience.

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### **3.7 Researcher Positionality and Reflexivity**

This study was conducted by a multidisciplinary team of eight researchers affiliated with institutions in Zimbabwe and Australia, with expertise spanning community psychology, educational psychology, clinical psychology, gender studies, community development, and quality assurance research. MMC, GCM, IS, and TS led the conceptualisation, methodological design, and interpretation of findings, while MMC, IS, MK, and NAM conducted field-based data collection. All authors contributed to manuscript review and approved the final version.

Data collection in the Sakubva community was undertaken by researchers (MMC, IS, MK, and NAM), who possess linguistic competence in local languages and familiarity with the broader sociocultural context of Mutare. Their cultural and national proximity positioned them as partial insiders, facilitating rapport-building and contextual understanding of participants' experiences. However, as university-affiliated professionals who do not reside within Sakubva itself, they simultaneously occupied an outsider position relative to participants' everyday lived realities.

Other members of the research team, including GCM who is based in Australia, as well as JM based in Gweru and LM based in Bulawayo, did not participate directly in fieldwork and therefore functioned primarily as analytical collaborators. Their involvement focused on research design input, interpretive dialogue, and critical review of emerging findings. This cross-national collaboration enabled both contextual sensitivity, through locally grounded researchers, and analytical distance, through externally based scholars, thereby strengthening the rigour of interpretation.

Inter-team dynamics during data analysis were managed through iterative collaboration. Preliminary coding and theme development were conducted by researchers involved in data collection, after which coded transcripts and analytic memos were shared with the full team. Regular discussions were held to examine alternative interpretations, question assumptions, and minimise the influence of disciplinary or cultural biases. Consensus-building was prioritised to ensure that interpretations reflected participants' meanings rather than researchers' preconceptions.

Researchers' backgrounds in psychology and community-based work may have influenced data interpretation. Reflexivity was therefore maintained through ongoing critical self-reflection, collaborative team discussions, and explicit attention to positionality and power relations (Kagan et al., 2008; Cleland, 2017). The research team remained attentive to potential power asymmetries between university-based researchers and community participants and adopted strategies to negotiate these dynamics. Participation was voluntary, confidentiality was emphasised, and discussions were conducted in familiar community settings to reduce perceived institutional distance. Facilitators adopted a respectful, conversational, and non-judgmental approach, encouraging participants to guide discussion flow and express their experiences authentically.

The use of local languages further supported inclusive participation and minimised linguistic barriers. Despite these efforts, the team recognises that structural inequalities between researchers and participants cannot be fully eliminated. Maintaining reflexive awareness of these dynamics allowed the researchers to approach analysis with humility and to prioritise participants' voices in the presentation of findings.

### 3.8 Ethical Considerations

Ethical approval was obtained from the Manicaland State University of Applied Sciences Research Committee. Informed consent was provided by all participants, who were assured of confidentiality and anonymity (Collins et al., 2008). Care was taken to minimize harm given the sensitive nature of discussions on deprivation and psychosocial distress. Participants were informed of their right to withdraw at any time and provided with referral information for local support services.

## 4. Results

The four primary themes that emerged from the data were: Psychological Implications of Deprivation in the Sakubva Community during the COVID-19 Pandemic; Social Characteristics of the Deprivation Trap Experienced by the Sakubva Community during the COVID-19 Pandemic; Interventions Implemented to Address the Deprivation Trap During and Post-Pandemic; and Resilience-Enhancing Initiatives and Strategies to Mitigate Psycho-Social Impacts of the deprivation trap.

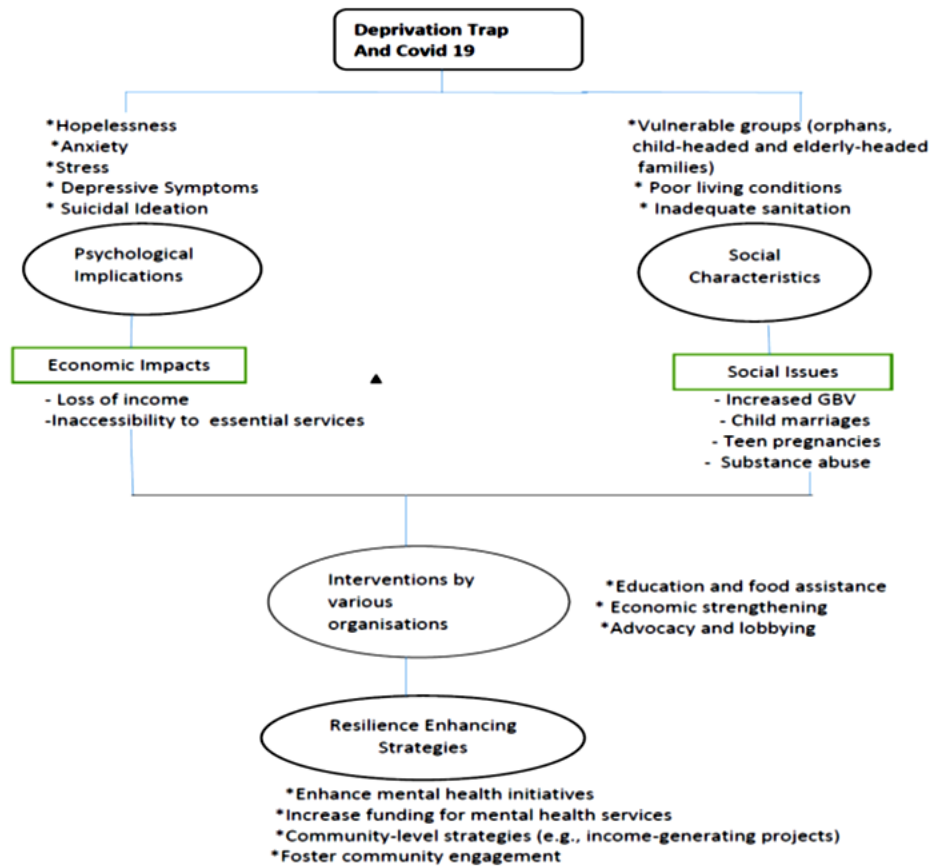


Figure 2. Thematic map of data analysed

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#### **4.1 Psychological Implications of Deprivation in the Sakubva Community during the COVID-19 Pandemic**

This theme captures the psychological manifestations of deprivation experienced by Sakubva community members during the COVID-19 pandemic. Guided by the deprivation trap framework (Chambers, 2006; 2014), psychological distress is conceptualised as both an outcome of chronic poverty and a mechanism through which deprivation is reproduced. The analysis shows how economic hardship, powerlessness, and uncertainty during the pandemic translated into profound mental health challenges, reflecting the interconnected nature of material and psychosocial deprivation.

##### ***Depressive Symptoms***

A significant psychological indicator of deprivation stemming from poverty within the community was the manifestation of depressive symptoms. These symptoms were closely linked to persistent economic hardship and the inability to meet basic needs, reinforcing feelings of helplessness and diminished self-worth.

"The manifestation of depressive symptoms serves as a significant indicator of deprivation stemming from poverty within our community."  
(Focus Group 4, Participant 6)

This account illustrates how poverty operates not only as a material condition but also as a psychosocial stressor. Consistent with Chambers' (2006) conceptualisation of the deprivation trap, prolonged exposure to unmet needs erodes psychological wellbeing, trapping individuals in cycles of despair that limit their capacity to cope or mobilise resources.

##### ***Hopelessness***

In addition to depressive symptoms, many community members exhibited pervasive feelings of hopelessness. Hopelessness emerged as a psychological response to prolonged uncertainty, restricted livelihood opportunities, and limited external support during the pandemic.

"A substantial number of clients present with observable symptoms of hopelessness."  
(Individual Interview, Participant 3)

Hopelessness reflects the dimension of powerlessness within the deprivation trap, where individuals perceive little control over their circumstances. This psychological state undermines motivation and agency, making it more difficult for affected individuals to envision pathways out of deprivation (Chambers, 2014).

##### ***Stress***

Elevated stress levels were widely reported, particularly in relation to the loss of income and livelihood disruptions caused by lockdown measures. For many participants, stress was directly linked to daily struggles for survival.

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"I encountered elevated levels of stress due to the loss of my primary source of income during the COVID-19 lockdown."  
(Focus Group 1, Participant 3)

This experience highlights how economic shocks intensified psychological strain, illustrating the interaction between poverty and vulnerability. Stress functioned as both a symptom of deprivation and a factor that further constrained individuals' capacity to respond adaptively to the crisis.

### ***Anxiety***

Anxiety and persistent worry also emerged as prominent psychological responses to deprivation during the pandemic. Participants described heightened fears related to health risks, income insecurity, and uncertainty about the future.

"Numerous patients have been diagnosed with symptoms indicative of anxiety and pervasive worry."  
(Individual Interview, Participant 5)

Anxiety reflects the chronic uncertainty characteristic of communities living within the deprivation trap, where exposure to multiple risks heightens psychological vulnerability. This finding underscores how deprivation extends beyond material scarcity to include sustained emotional distress.

### ***Suicidal Ideation***

Suicidal ideation emerged as a critical and deeply concerning psychological dimension of deprivation. Participants linked such thoughts to extreme financial stress, social isolation, and a perceived lack of support.

"Suicidal ideation represents a critical psychological dimension arising from the deprivation cycle."  
(Focus Group 3, Participant 1)

This account illustrates the most severe psychological consequence of entrenched deprivation. It demonstrates how cumulative stressors within the deprivation trap can escalate into life-threatening mental health outcomes, particularly in contexts where psychosocial support services are limited.

Subsequently, this theme demonstrates that psychological distress in Sakubva during the COVID-19 pandemic was not incidental but structurally produced through interconnected dimensions of poverty, powerlessness, and vulnerability. These psychological effects both reflected and reinforced the deprivation trap, setting the context for understanding subsequent themes related to economic hardship, social isolation, and community resilience.

## ***4.2 Social Characteristics of the Deprivation Trap Experienced by the Sakubva Community during the COVID-19 Pandemic***

This theme captures the social dimensions of the deprivation trap experienced by Sakubva community members during the COVID-19 pandemic. Drawing on Chambers' (2006; 2014)

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deprivation trap framework, the findings illustrate how poverty, physical weakness, vulnerability, isolation, and powerlessness intersected to shape participants' social realities. The pandemic intensified pre-existing structural inequalities, resulting in deteriorating living conditions, heightened vulnerability of marginalised groups, and increased social problems.

Participants described Sakubva as a community characterised by widespread vulnerability, inadequate infrastructure, and poor access to basic services:

“Sakubva location comprises many vulnerable people, and you find all types of people who struggle to sustain a living. The toilets are communal, and due to water cuts in most areas of Sakubva, sanitation is very poor.”

(Focus group 1, participant 4)

This account highlights how inadequate sanitation and overcrowded communal facilities contribute to physical weakness and heightened health risks—key components of the deprivation trap. Poor water and sanitation infrastructure not only compromise physical wellbeing but also undermine dignity and psychosocial wellbeing, particularly during a public health crisis.

Participants further emphasised the concentration of vulnerable populations within the community:

“Our community has a high number of orphans, child-headed families, elderly-headed families, and the disabled, and these people struggle to get food and other basic necessities. There are also cases of HIV/AIDS, diabetes, and tuberculosis.”

(Focus group 3, participant 2)

This quotation illustrates how vulnerability is socially patterned, disproportionately affecting those already marginalised by age, disability, or chronic illness. The coexistence of poverty and ill health reinforces physical frailty and dependency, limiting individuals' capacity to cope with shocks such as the COVID-19 pandemic.

Economic deprivation emerged as a central social characteristic of the deprivation trap, exacerbated by pandemic-related restrictions:

“As vendors, the COVID-19 lockdown regulations, including the closure of the Forbes border, have left us seriously economically affected, to the extent of not affording decent meals for our families each day.”

(Individual interview, participant 9)

“...I failed to pay rent, electricity bills, water bills, and other essential services, and we were nearly kicked out of our lodging premises.”

(Individual interview, participant 11)

These accounts demonstrate how loss of income translated into housing insecurity, food insecurity, and social exclusion. The inability to meet basic needs reflects the powerlessness dimension of the deprivation trap, where individuals lack control over conditions that directly affect their survival.

Despite these challenges, some participants demonstrated constrained resilience, shaped by unequal access to resources and health status:

“...I work in Murambi as a maid, and I walk to work every day. Even though the lockdown affected everyone in this community, I was at least able to provide my family with food and other necessities. However, most people suffering from chronic illnesses like TB, HIV, and diabetes were mostly affected because even though they receive free

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medication, they need food to take their medicine effectively.”  
(Individual interview, participant 3)

This account highlights the uneven nature of resilience within the community. While some individuals managed to sustain livelihoods through informal labour, those with chronic illnesses faced compounded vulnerability, demonstrating how resilience is constrained by structural and health-related inequalities.

Participants also reported a deterioration in social cohesion and an escalation of social problems during the pandemic:

“Child marriages, gender-based violence, teen pregnancies, and substance abuse have escalated in this community because adolescents spend most of their time engaging in sexual relationships due to idleness since schools were closed during the lockdowns.”  
(Focus group 5, participant 3)

This quotation illustrates how social isolation, disrupted routines, and lack of protective institutions such as schools intensified vulnerability among adolescents. These outcomes reflect the psychosocial consequences of deprivation, where structural constraints generate harmful social behaviours.

Poor housing conditions further entrenched the deprivation trap

“...our houses are no longer in good condition. In addition to living crowded, whereby two families share a single room divided by a curtain, there are cracks in the floors, and we are greatly bothered by termites. Due to loss of income caused by COVID-19, we can no longer afford to buy floor polish and other.”  
(Individual interview, participant 1)

These living conditions demonstrate how material deprivation, overcrowding, and environmental hazards intersect to undermine health, safety, and dignity. Such conditions not only heighten vulnerability to disease but also limit the capacity for recovery and resilience in the face of future crises.

Subsequently, this theme illustrates that the social characteristics of deprivation in Sakubva during the COVID-19 pandemic were deeply interconnected, with poor infrastructure, economic hardship, vulnerability of marginalised groups, and deteriorating social conditions reinforcing one another. These dynamics entrenched the deprivation trap and shaped the limits within which community resilience could be enacted.

#### **4.3 Interventions Implemented to Address the Deprivation Trap During and Post-Pandemic**

This theme examines the interventions implemented to address the deprivation trap in Sakubva during and after the COVID-19 pandemic. Guided by the integrated deprivation trap and resilience framework, the findings illustrate how external support programmes sought to mitigate material deprivation and strengthen psychosocial resilience, while also revealing persistent challenges related to access, inclusion, and sustainability.

Participants identified several programmes implemented by local and international organisations aimed at supporting vulnerable populations, particularly children and marginalised groups:

“...An organization involved in implementing programs focusing on orphans and vulnerable children offers essential services such as education and food nutrition,

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whereby children in Sakubva are fed at least one hot meal a day.”  
(Individual interview, participant 2)

This intervention addresses immediate material deprivation by improving food security and educational access, thereby reducing vulnerability among children. From a resilience perspective, nutritional and educational support can enhance coping capacity and future opportunities, particularly in contexts of chronic poverty.

Other initiatives focused on economic empowerment and livelihood restoration

“...One organization is engaging in an economic strengthening program in Sakubva community targeting sex workers through provision of entrepreneurship development training to generate business ideas.”  
(Focus group 4, participant 5)

This account reflects an effort to address the poverty and powerlessness dimensions of the deprivation trap through skills development and income-generating opportunities. Such programmes seek to shift beneficiaries from survival-oriented coping to more sustainable livelihood strategies.

Community engagement and dialogue were also highlighted as components of intervention strategies

“As an organization, we are involved in dialogue deliberations between service providers and the people of the Sakubva community. The residents express a desire for ownership of their homes, as there is no electricity and street lights in some areas.”  
(Individual interview, key informant 2)

This quotation underscores the importance of participatory dialogue in identifying community priorities and fostering a sense of ownership. Engagement processes align with community psychology principles that emphasise empowerment and collective agency as foundations for resilience.

Despite the presence of multiple interventions, participants reported significant gaps in access and inclusion:

“The widespread exclusion of community members from essential services, including food distribution, education, economic strengthening, and healthcare, poses a persistent concern.”  
(Focus Group 5, Participant 1)

This statement reveals a critical contradiction: while interventions exist, many community members remain excluded from their benefits. This finding highlights how resilience-building efforts can be undermined by structural barriers, selective targeting, and limited coverage. It also reflects the powerlessness and social exclusion dimensions of the deprivation trap, where access to resources is uneven and mediated by institutional and social factors.

Overall, this theme demonstrates that while interventions in Sakubva contributed to alleviating aspects of deprivation and fostering resilience, their impact was constrained by issues of access, equity, and sustainability. These contradictions point to the need for more inclusive, community-driven approaches that address both immediate needs and the structural conditions sustaining the deprivation trap.

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#### **4.4 Resilience-Enhancing Initiatives and Strategies to Mitigate Psychosocial Impacts**

The findings of this study illuminate community-informed perspectives on strategies that may enhance resilience among populations living within the deprivation trap. Rather than functioning as externally imposed solutions, these initiatives reflect participants' interpretations of what is necessary to mitigate the psychosocial impacts of deprivation exacerbated by the COVID-19 pandemic. Viewed through the integrated deprivation trap and resilience framework, these perspectives reveal how structural gaps in mental health services, economic opportunities, and participatory governance constrain resilience-building efforts.

##### **Strengthening Mental Health Initiatives**

Participants consistently emphasised the need to strengthen mental health initiatives in response to escalating psychosocial distress within the community:

“Mental health initiatives should be enhanced since the number of people suffering from mental health-related illnesses increased post-COVID-19 pandemic.”

(Focus Group 2, Participant 4)

This perspective aligns with the study's findings on widespread psychological distress and underscores how unmet mental health needs reinforce vulnerability within the deprivation trap. The call for enhanced initiatives reflects recognition that resilience cannot be sustained without addressing emotional wellbeing alongside material deprivation.

##### **Funding Constraints and Mental Health Service Delivery**

Concerns about the under-resourcing of mental health services further highlight structural limitations to resilience:

“The mental health sector should be allocated more funds in the national budget to enhance mental health service delivery.”

(Individual Interview, Participant 2)

This statement points to systemic powerlessness, where communities recognise solutions but lack influence over policy and resource allocation. From a deprivation trap perspective, inadequate funding perpetuates cycles of vulnerability by limiting access to psychosocial support during crises.

##### **Community-Level Economic Strategies**

Participants also articulated community-driven economic strategies as pathways toward resilience:

“Other income-generating projects managed by community members, such as making soap, producing beverages, and cooperative initiatives like bakeries, fish farming, and pig farming with sponsored capital, should also be introduced.”

(Focus Group 3, Participant 6)

This recommendation reflects an understanding of resilience as collective and livelihood-based. It also highlights tensions identified in the results: while communities demonstrate agency and innovation, their capacity to implement such initiatives remains constrained by access to capital and institutional support.

##### **Community Engagement and Participatory Approaches**

The importance of meaningful community participation emerged strongly in participants' reflections:

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“...there is a need for more vigorous interventions involving community participation from research to evaluation and implementation of community programs, inclusive of all relevant stakeholders, to provide lasting solutions to the problem of the deprivation trap for the Sakubva community.”

(Individual Interview, Participant 1)

This call challenges top-down intervention models and resonates with community psychology principles that emphasise empowerment, co-production, and shared ownership. It also responds directly to contradictions identified in the findings namely, that despite multiple interventions, exclusion persists, suggesting that limited participation undermines both effectiveness and sustainability.

Overall, this discussion highlights that resilience-enhancing initiatives in Sakubva are understood by community members not merely as service provision but as structurally embedded processes requiring adequate resourcing, economic inclusion, and participatory governance. These insights extend existing literature by demonstrating how resilience aspirations coexist with, and are constrained by, enduring conditions of deprivation.

The findings presented in this section provide an integrated understanding of the psychosocial dimensions of the deprivation trap experienced by the Sakubva community during the COVID-19 pandemic. Participants’ accounts reveal how psychological distress, economic insecurity, social vulnerability, and uneven access to support were deeply interconnected, reinforcing conditions of deprivation while simultaneously shaping constrained forms of resilience. The analysis demonstrates that resilience emerged not as an absence of deprivation, but as a contextually grounded process operating within structural limits. By foregrounding community perspectives, these findings illuminate the complex interplay between deprivation and resilience, thereby establishing a critical foundation for the subsequent discussion of theoretical implications and pathways for more inclusive and sustainable responses in similar contexts.

## **5. Discussion**

The findings of this qualitative study illuminate the socio-economic and psychosocial realities of Sakubva, a suburb originally designed to accommodate migrant industrial workers but now characterised by chronic overcrowding, inadequate infrastructure, and deteriorating living conditions. The persistence of single-room housing, communal sanitation facilities, and recurrent water shortages reflects structural stagnation despite population growth, consistent with observations by Hands at Work in Africa (2022). These conditions provide a material foundation for understanding how deprivation in Sakubva is historically produced and continuously reproduced.

The deprivation trap in Sakubva is further evidenced by the high concentration of vulnerable populations, including orphans, child-headed households, people living with disabilities, and elderly caregivers. As Dymitrow et al. (2020) argue, powerlessness and marginalisation intensify poverty by limiting access to resources, services, and decision-making processes. This study extends this argument by demonstrating how vulnerability in Sakubva is not episodic but structurally embedded, shaping everyday survival and constraining adaptive capacity.

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A central contribution of this study lies in its examination of the psychological dimensions of deprivation during the COVID-19 pandemic. Participants' experiences of depression, hopelessness, stress, anxiety, and suicidal ideation illustrate how material deprivation translated into profound psychosocial distress. These findings align with Chen et al. (2021), Arslan and Allen (2021), and Fiorillo and Gorwood (2020), who documented increased mental health challenges during the pandemic. However, this study advances existing literature by demonstrating that psychological distress not only results from deprivation but also reinforces it, as emotional exhaustion and hopelessness reduce individuals' capacity to mobilise resources, seek support, or engage with livelihood opportunities.

The pandemic-induced loss of livelihoods, particularly among informal traders and cross-border vendors, intensified economic insecurity and psychological vulnerability. This mirrors findings by Wilward et al. (2020) and Wilson (2020), who highlighted the disproportionate economic and health impacts of COVID-19 on low-income populations. In Sakubva, income loss interacted with food insecurity, housing instability, and chronic illness, creating cumulative pressures that deepened entrapment in deprivation. Raesi's (2020) observation that individuals may normalise adverse living conditions is reflected in participants' accounts, suggesting adaptive resignation rather than transformative resilience.

Social vulnerability in Sakubva was further exacerbated by overcrowded housing, inadequate sanitation, and limited access to clean water, conditions long associated with the deprivation trap (Ludi et al., 2007). These structural deficits heightened susceptibility to COVID-19 infection and undermined compliance with public health measures. Educational disruptions also reinforced intergenerational poverty, as learners without access to digital technologies fell behind, echoing Paramo-Sanchez's (2020) findings on pandemic-related educational inequality.

Beyond material hardship, the findings reveal significant social and psychosocial deterioration, including increased substance abuse, child marriages, teen pregnancies, and gender-based violence. Similar patterns were observed by Lerhart (2020) in rural Nepal, suggesting that such outcomes reflect broader global dynamics in crisis-affected communities. This study contributes by showing how the erosion of social structures including schools, peer networks, and community routines interacted with deprivation to heighten vulnerability among adolescents and women.

A critical puzzle emerging from the findings concerns the limited impact of existing interventions. Despite the presence of donor-funded programmes providing food assistance, education support, and economic empowerment, many community members remained excluded. This contradiction supports Diwakar's (2018) critique that crisis responses often prioritise short-term relief without addressing structural inequalities. While Ahmad et al. (2022) demonstrate the effectiveness of integrated interventions in Bangladesh, the Sakubva case illustrates how selective targeting, weak community participation, and funding-cycle dependence undermine sustainability and equity.

Participants' calls for expanded social safety nets, including cash transfers and food assistance (Raihan, 2021), reflect recognition that resilience cannot be built solely through individual effort. Similarly, proposed community-driven livelihood initiatives such as cooperatives and small-scale production projects align with Albright and Crow's (2021) emphasis on locally grounded economic resilience. However, this study highlights that such strategies remain constrained by limited capital, weak institutional support, and exclusionary governance structures.

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Mental health emerged as a critical yet under-resourced dimension of resilience. Participants' emphasis on expanding mental health initiatives and increasing funding underscores systemic neglect of psychosocial wellbeing. As Albright and Crow (2021) note, resilience requires attention to emotional as well as material conditions. The Sakubva findings demonstrate that without accessible mental health services, communities remain vulnerable to prolonged distress even when other forms of support are available.

Altogether, the findings highlight the necessity of multisectoral and participatory approaches to addressing deprivation. Han et al. (2020) argue that coordinated economic support can mitigate pandemic impacts, while Abed (2020) highlights the importance of local government involvement in anti-poverty initiatives. This study adds to this literature by demonstrating that meaningful community participation is essential for addressing exclusion, enhancing ownership, and sustaining resilience.

Consequently, the findings resonate with Sharma et al. (2020), confirming that emotional stress, economic strain, and disrupted routines during COVID-19 exacerbated deprivation among vulnerable populations. Importantly, this study contributes a nuanced understanding of resilience as a constrained, uneven, and relational process operating within the deprivation trap. Through integrating deprivation and resilience frameworks, the study challenges binary narratives of vulnerability versus strength and provides a grounded basis for concluding synthesis and policy recommendations.

## 6. Recommendations

Based on the research findings, it is recommended that a multifaceted approach be adopted to effectively address the deprivation trap in communities like Sakubva:

**Expansion of Social Safety Nets:** Implementing and expanding social safety nets, such as cash transfers and food assistance programs, to provide immediate relief to vulnerable populations. This could include the establishment of emergency food banks and direct cash assistance initiatives tailored to the community's needs.

**Enhancement of Community Engagement:** Strengthening community engagement in the design and implementation of interventions. This is crucial to ensure equitable access to resources and services. Initiatives could include community forums and workshops that facilitate dialogue among residents, local leaders, and service providers, ensuring that interventions are responsive to the specific needs of the community.

**Promotion of Local Initiatives:** Encouraging the development of local initiatives that leverage social networks to promote resilience. Strengthening social capital at various levels of the community can serve as a 'shock absorber' during times of need. For example, forming cooperative groups for mutual support, such as community gardens or collective savings programs, can enhance economic resilience and foster solidarity among residents.

**Prioritization of Stakeholder Mobilization:** Mobilizing stakeholders to foster collaboration among local organizations, government agencies, and community members. This collaboration should focus on enabling sustainable economic empowerment initiatives, such as vocational training programs and microfinance opportunities targeted at small-scale entrepreneurs.

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**Targeted Programmes for Education and Mental Health:** Implementing targeted programmes to address educational disparities and provide mental health support. This could include after-school programs that offer tutoring and access to technology for students, as well as community mental health workshops that raise awareness and provide resources for coping with stress and anxiety.

Through integrating these strategies, stakeholders can work collaboratively towards fostering resilience and improving the overall well-being of communities living in deprivation. These efforts not only address immediate challenges but also empower community members to build a sustainable future.

## 7. Limitations

This study employed a qualitative methodology, which is inherently susceptible to subjectivity in data interpretation and analysis. Researcher positionality and prior experience in community-based psychology may have influenced how participants' experiences were understood, although reflexivity and team discussions were employed to mitigate this. Selection bias may have occurred, as purposive sampling focused on participants engaged in community initiatives, potentially excluding less connected or highly vulnerable individuals. Social desirability bias is also possible, particularly in focus group discussions, where participants may have shaped responses to align with perceived expectations. Furthermore, the timing of data collection (February–April 2022) provides only a temporal snapshot, and the study's focus on a single community limits generalizability. Future research incorporating multiple case studies, broader sampling strategies, and longitudinal designs could capture a wider range of perspectives and provide deeper insights into the dynamics of deprivation and resilience.

## 8. Conclusion

This study provides important insights into the deprivation trap experienced by residents of the Sakubva community, particularly within the broader structural context intensified by the COVID-19 pandemic. Using a qualitative approach, the research captured the lived experiences of community members and key informants, revealing how persistent socio-economic marginalisation shapes psychological well-being, social functioning, and access to basic resources.

Findings highlight the profound mental health consequences of chronic deprivation, including experiences of stress, anxiety, hopelessness, depressive symptoms, and suicidal ideation. These outcomes are closely linked to structural conditions such as poverty, inadequate sanitation, overcrowding, limited access to health services, and high levels of unemployment. At the same time, the study documents significant community strengths, including informal support networks, adaptive coping strategies, and collective initiatives aimed at sustaining livelihoods.

Through integrating deprivation theory with resilience theory, the research offers a nuanced framework for understanding how structural constraints intersect with community capacities for adaptation and survival. This dual perspective underscores that resilience in marginalised settings does not emerge in the absence of hardship but rather in response to persistent structural

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inequities. The findings therefore point to the necessity of interventions that move beyond short-term relief toward addressing the systemic drivers of vulnerability.

Participants emphasised the importance of sustainable solutions, including local income-generating projects, improved access to basic services, and expanded mental health support. Their call for greater community involvement in designing and implementing interventions highlights the value of participatory approaches that recognise community members as active agents rather than passive beneficiaries. Such approaches are consistent with core principles of community psychology, which prioritise empowerment, social justice, and collective well-being.

The study contributes to the field by demonstrating how empowerment-oriented and preventive strategies can be grounded in local knowledge and lived experience. Interventions informed by these findings should integrate economic empowerment, educational support, accessible health services, and community-driven psychosocial programmes. Policy responses must also address structural inequalities that perpetuate deprivation, ensuring that resources are allocated in ways that support long-term resilience rather than temporary coping.

While the research focuses on a specific community, the insights have broader relevance for other marginalised urban settings in the Global South where chronic deprivation intersects with episodic crises. Future research should continue to explore community-led pathways to resilience and evaluate interventions that promote structural transformation alongside psychosocial support.

Subsequently, addressing deprivation in Sakubva requires a holistic approach that combines immediate support with long-term structural change. In foregrounding community voices and capacities, this study highlights the critical role of participatory, empowerment-focused strategies in fostering sustainable well-being and preventing the perpetuation of intergenerational disadvantage.

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